

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.28</u>
SUBJECT: DENTAL CARE	EFFECTIVE DATE <u>05/15/04</u> REVIEW DATE <u>12/15/05</u> SUPERCEDES PPD# <u>6.28</u> DATED <u>08/15/01</u>
ISSUING OFFICER: <u>Mrs. Les Dolecal, Acting Commissioner</u>	DIRECTOR'S INITIALS _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. PURPOSE:
To provide guidance for the delivery of dental care.
- II. APPLICABILITY:
To all inmates and health care personnel.
- III. POLICY:
It is the policy of the Department of Corrections that dental care shall be provided to each inmate under the direction and supervision of a dentist and other fully qualified professionals authorized to provide care in accordance with State and/or Federal licensure requirements.
- IV. PROCEDURES:
- A. All newly admitted inmates should receive a dental screening exam within 14 days of admission, unless completed within the previous 6 months. The screening shall include oral hygiene instruction and prioritization of oral status according to the American Public Health Association's classifications listed below.
 1. Category I
 - a. An oral condition that if left untreated would cause bleeding and/or pain in the immediate future.
 - b. An oral infection or condition which, if left untreated, would become acutely infectious.
 - c. Carious lesions which radiographically present an imminent danger to the pulp.
 - d. An undiagnosed or suspected oral condition such as an ulcerative lesion or growth of tissue.
 2. Category II
 - a. The presence of medium to large non-painful carious lesions.
 - b. A localized gingival involvement.
 - c. An oral condition such as edentulous or missing numerous upper or lower anterior teeth which presents a physical problem, inability to bite or chew to the inmate.
 - d. The presence of temporary, sedative, or intermediate restorations.
 - e. Broken or ill-fitting prosthetic appliances.
 3. Category III
 - a. Small carious lesions which radiographically present no imminent danger to the pulp.

- b. The need for dental restorative procedures with significant laboratory costs involved, such as partial or complete dentures.
- 4. Category IV
Includes inmates with minor symptoms or slight apparent need for dental treatment related to the type of assessment or inspection performed.
- 5. Category V
Includes inmates with no apparent needs.
- B. Complete dental examinations shall be done within 3 months. This shall include patient dental and pertinent medical histories, examination for all hard and soft oral pathologies. X-rays shall be taken where necessary.
- C. Any inmate requesting dental care whose condition falls within Category III of the American Public Health Association priorities will be scheduled to be seen within 90 days of their request.
- D. Any inmate experiencing a dental emergency shall receive an examination by the dentist no later than the next working day after the emergency is reported.
- E. Dental sick call to address dental emergencies is held according to each facility's dental sick call schedule.
- F. Emergency nocturnal and weekend coverage shall be provided by the medical and/or dental staff. In the event of staff unavailability, the inmate will be transported to the local hospital's emergency room to be seen by the dentist on call, as defined in the dental standing orders, following clinical verification of the presence of a genuine emergency.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards
4-4285; 4-4360

Standards for Adult Community Residential Services
Fourth Edition. Standards
4-ACRS-4C-11

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

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